Received_____

MOUNT ST. MARY'S UNIVERSITY

Request for Release from Housing Contract

Last Name: **First Name:**	**Building and Room:**

For the _____(**Semester)** of_____(**Academic Year**)

I am requesting to be released from my housing contract. By doing this I wish to be relieved of the financial responsibility of the housing payment for the:

I am requesting to (check one):

- ☐ Withdraw from Mount St. Mary's University (you must also see the **Registrar**)
- ☐ Move to an off-campus address and continue being a Mount student
- ☐ Commute from Home
- ☐ Other_____

I am making this request to be released from my housing contract for the following reason(s): (check all that apply).

☐ **Financial**

_____
_____
_____
_____
_____

☐ NOTE: Financial data will be verified with the Financial Aid Office.

Employment

☐ _____
_____

Medical (Attach requirements from physician)

_____
_____
_____
_____
_____

☐

Personal

_____
_____

☐ _____

Other

_____
_____

_____ _____ _____

Printed Name of Student **Date** **Signature of Student**

Residence Life Staff Initial: _____